



State of North Carolina Credit Union Division

Josh Stein
Governor

Kristina Ray
Administrator

Claim of Exemption from the NC SAFE Act

General Information and Instructions

North Carolina General Statutes Chapter 53, Article 19B (NC Secure and Fair Enforcement Mortgage Licensing Act ("NC SAFE Act")) requires that residential mortgage lenders, brokers, servicers and mortgage loan originators, be licensed by the Commissioner of Banks unless exempt by law from this requirement. N.C. Gen. Stat. § 53-244.040(d). Entities exempt under N.C. Gen. Stat. § 53-244.040(d)(5) and (7) are required to file a claim of exemption under N.C. Gen. Stat. § 53-244.050(g), for which there is no filing fee. **NOTE:** Employees of exempt entities are exempt from the NC SAFE Act's loan originator licensure requirement and will be treated as such without filing individually.

Use this form to claim exemption from licensure. Please review the form carefully and give full and complete responses to each question. If a particular item does not apply, you must enter "None" or "N/A" (not applicable). When called for herein, disclosure of taxpayer ID numbers/social security numbers is necessary to ensure proper identity. All information must be typed or printed legibly in ink. Claim forms that are incomplete or improperly signed will not be processed.

Application Status and Exemption

The Office of Commissioner of Banks may take up to 30 days to process this claim. If there are questions regarding your application, you may be asked to furnish additional information. Once approved, you will be notified by mail.

Notification of Changes

Claimants are required to keep all information on file with the Commissioner current. If the information contained in the initial filing changes in any material respect, the Claimant must notify the Commissioner within 15 days of the effective date of such change.

4314 Mail Service Center, Raleigh, North Carolina 27699-4314
205 W. Millbrook Rd., Suite 105, Raleigh NC 27609
Telephone: 984-275-6730 * Fax: 984-275-6744
<https://cud.nc.gov>

An Equal Opportunity/Affirmative Action Employer

Please mail the completed form to:

Administrator, NC Credit Union Division,
205 W. Millbrook Rd., Suite 105
Raleigh, NC 27609

Or email your completed form to support@nccud.nc.gov

Questions:

Contact NCCUD by phone at (984) 275-6730 or send your questions via email to support@nccud.nc.gov for additional assistance.

Office Use Only

No. _____

Date: ____/____/____

Claim of Exemption from the NC SAFE Act

1. Name of Claimant: _____
(Insert full legal name of business)
Federal Tax ID (or SSN): _____

2. If Claimant is operating under an assumed name (DBA), list name here:

(Attach copy of **recorded** certificate of assumed name.)

3. Principal Business Address: (Provide a street address.)

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: _____ Fax Number: _____

Email: _____ Website: _____

Mailing Address (If different from street address shown above):

City: _____ State: _____ Zip Code: _____

4. Basis for Claim of Exemption:

Is Claimant engaged in business as a credit union under the laws of the United States, this State, or any other state? (If "Yes," Claimant must file this form with: Administrator, North Carolina Credit Union Division, 205 W. Millbrook Rd., Suite 105, Raleigh, NC 27609.)

☐ Yes☐ No

If Claimant is a subsidiary of a credit union, provide for parent depository institution:

Name of parent depository institution:

NCUA Insurance #: _____

5. Identify the primary federal or state authority responsible for regulating Claimant's mortgage lending operations:

a. Primary Federal Regulator and assigned Identifying Number

☐ None ☐ NCUA ☐ Other: _____

NCUA Charter Number: _____

b. Primary State Regulator:

☐ None ☐ State: _____ State Agency Name: _____

State Agency Address: _____

License/ID No. assigned to Claimant by State Agency shown above: _____

Under penalties of perjury, I affirm that I have examined this Claim of Exemption, and any accompanying information, to the best of my knowledge and belief it is true, correct and complete, and I, the undersigned, am authorized to sign on behalf of Claimant. I understand that any exemption, if found to exist, may not be transferred and that if the Claimant is sold or its organizational structure is changed a new Claim of Exemption must be filed. I further understand that although exempt, Claimant's failure to comply with the provisions of NCGS §53-244.111 **Prohibited activities** may result in the imposition of civil penalties.

Witness my hand and seal (or company seal) this _____ day of _____, 20_____.

(Name)

ATTEST: _____	Signature: _____ (Seal)
Name: _____	Name: _____
Title: _____	Title: _____

STATE OF _____
COUNTY OF _____

The undersigned notary for said county and state certifies that
_____ (name of officer) personally came before me this day and
acknowledged that he or she is _____ (title) of
_____ (name of firm), and that by authority duly
given and that as the act of the partnership/corporation the foregoing Application and agreement were
signed in its name by its _____ (title), sealed with his/its
corporate seal, and attested by its _____ (attesting officer).

Witness my hand and official seal this _____ day of _____, 20_____.

(SEAL)

Notary Public

My Commission expires:
